

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016610

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

Registrar's No. 4409

STATE FILE NUMBER

DO NOT WRITE
ON THIS SIDE

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4409

FILED MAY 10 1962

VS 300-
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hospital		d. STREET ADDRESS (If outside, give location) 4 1815 N. Newstead	
3. NAME OF DECEASED (Type or print) First Ora Middle Lee Last Branham		4. DATE OF DEATH Month 4 Day 28 Year 62	
5. SEX Female	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-21-1904
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		9b. AGE (last birthday) 57	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Weldon, Arkansas	
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Daniel Anthony	
14. MOTHER'S MAIDEN NAME Millie Jackson		15. NAME OF HUSBAND OR WIFE Mrs. Pearl Ross-4349 Olive St.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Pearl Ross-4349 Olive St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Cervix; DUE TO (b) Generalized Arterio Sclerosis. DUE TO (c) 171X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 8:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner		22b. ADDRESS 1300 Clark Ave.	
22c. DATE SIGNED 4-30-62		23. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-4-62	
23c. LOCATION (City, town, or county) St. Louis Co., Mo.		23d. DATE RECD. BY LOCAL REG. APR 30 1962	
24. FUNERAL DIRECTOR ADDRESS A. L. Beal Und. Co. 4303 Delmar		25. REGISTRAR'S SIGNATURE Earl Smith. M.D.	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Arthur L. Norrliand

Licensed Embalmer No. _____

P. O. Address *3100 Easton*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.